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Uniform Application for Business Entity Insurance License/Registration

(Please Print or Type)

Check appropriate box for license requested.

Resident L												
□ Non-Reside												
	y Home State											
	y Home State	License #:			/1			O FEDY				
Business Entity Name		Date	2 Incorporation/Formation Date			③FEIN						
If assigned, National Pr	oducer Number (NP#	#)	(5) If app	plicable, NAS	D Firm Cen	tral Re	gistratio	on Depositor	ry (CRD) Number			
List any other assumed, fictitious, alias or trade names under which you are doin					7 State of Domicile			(8)Country of Domicile				
business or intend to do bu	siness.				Ū							
Is the business entity a	ffiliated with a finan	cial institution/ba	ank?	Yes		No						
,,												
Business Address					(1)	State	(13) Z	Cip Code	14 Foreign Country			
5) Phone Number	(6) Fax 1	Number	(17)Bus	siness Web Sit	e Address	(18) B	Business	E-Mail Add	dress			
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9 Mailing Address		20 P.O. Box	21) City		22	State	23 Zi	p Code	24Foreign Country			
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(State Use)

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67) Novt to as	ah inwiadi	ation ab								ed –Major				~		
Legal Busin		tion, check the legal business type, in C – Corporation P – Partnersl							of authority for which you are apply LLC – Limited Liability Company				ring. LLP – Limited Liability Partnership			
License/Registration Types: Lines of Authority:		$\mathbf{A} - A$	A – Agent B – Brob			oker P – Producer				SLP – Surplus Lines Producer				Y – Business Entity		
			V – Variable Life/Variable Annuity L – Life			H – Accident & Health or Sickness			th or	P – Property C – Casualty				P L- Personal Lines		
Jurisdiction		Legal Business Type				License/Registration Typ			ion Type	De Lines				of Authority		
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Jurisdiction and Type of License/Registration - Limited Lines of Authority (3)Next to each jurisdiction, check the legal business type, license/registration type(s) and line(s) of authority for which you are applying. LLP - Limited Liability Legal Business Type: ${f C}$ – Corporation \mathbf{P} – Partnership S – Sole Proprietorship LLC - Limited Liability Company Partnership License/Registration \mathbf{A} - Agent $\boldsymbol{B}-Broker$ ${\color{red} P-Producer}$ SLP - Surplus Lines Producer Y - Business Entity Types: **Limited Lines**: $\boldsymbol{Credit}-Credit$ CR - Car Rental CROP - Crop $\boldsymbol{T}-Travel$ S – Surety O - Other: Specify Type Jurisdiction Legal Business Type License/Registration Type **Lines of Authority** LLC LLP Credit CR Crop Т 0 ΑK ALAR AZCA CO CT DC DE FLGA GU HI IA ID IL IN KS KY LA MA MD ME MIMNMO MS MT NC ND NE NH NJ NM NV NY OH OK OR PA PR RI SC SD TN TX UT VA VI VT WA WI WV WY

Please note the application may be revised on an annual basis. To ensure you are filing the current version of the application, please reference the National Insurance Producer Registry web site at www.licenseregistry.com.

Background Information	
29 Please read the following very carefully and answer every question. All copies of documents must be certified. All written statements submitted by the Applicant must include an original signature.	
1. Has the business entity or any owner, partner, officer or director ever been convicted of, or is the business entity or any owner, partner, officer or director currently charged with, committing a crime, whether or not adjudication was withheld?	Yes No
"Crime" includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses. "Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendre, or having been given probation, a suspended sentence or a fine.	
If you answer yes, you must attach to this application: a) a written statement explaining the circumstances of each incident, b) a certified copy of the charging document, and c) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment	
2. Has the business entity or any owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license?	Yes No
"Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, a prohibition order, a compliance order, placed on probation or surrendering a license to resolve an administrative action. "Involved" also means being named as a party to an administrative or arbitration proceeding, which is related to a professional or occupational license. "Involved" also means having a license application denied or the act of withdrawing an application to avoid a denial. You may EXCLUDE terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.	
If you answer yes, you must attach to this application: a) a written statement identifying the type of license and explaining the circumstances of each incident, b) a certified copy of the Notice of Hearing or other document that states the charges and allegations, and c) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment.	
3. Has any demand been made or judgment rendered against the business entity or any owner, partner, officer or director for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding?	Yes No
If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment.	
4. Has the business entity or any owner, partner, officer or director ever been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement?	Yes No
If you answer yes, identify the jurisdiction(s):	
5. Is the business entity or any owner, partner, officer or director a party to, or ever been found liable in any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty?	Yes No
If you answer yes, you must attach to this application: a) a written statement summarizing the details of each incident, b) a certified copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and c) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment.	
6. Has the business entity or any owner, partner, officer or director ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct?	Yes No
If you answer yes, you must attach to this application: a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and b) certified copies of all relevant documents.	

Applicants Certification and Attestation

The undersigned owner, partner, officer or director of the business entity hereby certifies, under penalty of perjury, that:

- 1. All of the information submitted in this application and attachments is true and complete and I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license or registration revocation and may subject me and the business entity to civil or criminal penalties.
- 2. Where required by law, the business entity hereby designates the Commissioner, Director or Superintendent of Insurance, or an appropriate representative in each jurisdiction for which this application is made to be its agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner or Director of that jurisdiction is of the same legal force and validity as personal service upon the business entity.
- 3. The business entity grants permission to the Commissioner or Director of Insurance in each jurisdiction for which this application is made to verify any information supplied with any federal, state or local government agency, current or former employer or insurance company.
- 4. Every owner, partner, officer or director of the business entity either a) does not have a current child-support obligation, or b) has a child-support obligation and is currently in compliance with that obligation.
- 5. I authorize the jurisdictions to give any information they may have concerning me to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
- 6. I acknowledge that I understand and comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure/registration.
- 7. If required, I have received a Certificate of Good Standing from the jurisdiction's Secretary of State in which I am applying.
- 8. For Non-Resident License Applications, I certify that I am licensed and in good standing in my home state/resident state for the lines of authority requested from the non-resident state.

Attachments

The following attachments must accompany the application otherwise the application may be returned unprocessed or considered deficient.

- 1. For Non-Resident License Applications and unless otherwise noted in the State Matrix of Business Rules, a state will rely on an electronic verification of an applicant's resident license through the NAIC's Producer Database in lieu of requiring an original Letter of Certification from the resident state.
- 2. Any jurisdiction specific attachments listed in the State Matrix of Business Rules (www.licenseregistry.com).

Month Day Year

Signature

Typed or Printed Name

Title

Social Security Number

Address

City State Zip

Must be signed by an officer, director, principal

or partner of the business entity:

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STATE OF WEST VIRGINIA Office of the Insurance Commissioner

RESIDENT BUSINESS ENTITY

<u>Instruction Checklist</u> Procedures effective July 1, 2003

Business entities are expected to be in compliance no later than October 1, 2003. After October 1, 2003, penalties for non-compliance may be enforced.

MAILING ADDRESS FOR APPLICATION WITH FEE:

Agents Licensing & Education West Virginia Ins. Comm. PO Box 50541 Charleston WV 25305-0541

PHYSICAL MAILING ADDRESS:

1124 Smith St Charleston WV 25301

"Business entity" means a corporation, association, partnership, limited liability company, or other legal entity.

"Insurance agency" means an individual, corporation, partnership, association, limited liability company, or other legal entity except for an employee of the individual, corporation, partnership, association, limited liability company, or other legal entity, and other than an insurer or an adjuster as defined by W. Va. Code § 33-12B-1, which employs individuals licensed to engage in activity or whose members engage in any activity be performed only by a licensed individual insurance producer or solicitor. It shall not include sole proprietor or partnerships in which there is only one licensed insurance producer.

You are not required to seek name approval from the Office of the Insurance Commissioner prior to filing application. The insurance commissioner may refuse to grant a license to act as an agency insurance producer proposing to do business under a name which is likely to deceive or mislead the public in this state.

No agency insurance producer may be licensed in West Virginia which has or uses a name so similar to that of any agency insurance producer already so licensed as to cause uncertainty or confusion; except that in case of conflict of names between two agency insurance producers the commissioner may permit or require the newly licensed agency insurance producer to use in West Virginia a trade name that is reasonably necessary to avoid such conflict.

- Business Entity Application: The Uniform Application for Business Entity Application is located at: http://www.wvinsurance.gov
- □ <u>Fees:</u> The licensing fee is \$200.00. Check or money order payable to the West Virginia Insurance Commissioner. Fee is non-refundable—if application is returned for correction, another \$200.00 fee must be submitted with the application.
- Designated Individual (item #25 on application): An individual licensed producer who is an officer, partner, or director responsible for the insurance agency's or business entity's compliance with the insurance laws and rules of West Virginia.
- □ <u>Lines of Authority (page 2 on application):</u> Business entities will not be licensed by or assigned Lines of Authority.

<u>Appointment Requirements</u>: A business entity cannot be appointed. All sales, solicitations and negotiations must be conducted through an appointed and individual licensed producer.

Questions: Contact the Agents Licensing & Education at (304) 558-0610.

Access the Office of Insurance Commissioner at http://www.wvinsurance.gov.

Access West Virginia Code at http://www.legis.state.wv.us/legishp.html.

Access West Virginia Code of State Rules at http://www.wvsos.com, see Emergency Rule 114-2, effective 5-29-2003.